

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Refund (S)		10-22-01
O.I.P.E. CLASSIFIER	MTR	J0	11-03-9
FORMALITY REVIEW	ZA	1120	11-19-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final Original	Date
1	2	6-5-01
2	2	6-5-01
3	3	6-5-01
4	4	6-5-01
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7	7	6-5-01
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If more than 150 claims or 10 actions  
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